



ANNUAL

MEDICAL REPORT

OF THE

KENT LUNATIC ASYLUM,

AT BARMING HEATH, MAIDSTONE,

For the Year 1854-5, ending July 5th.

PRESENTED TO THE COMMITTEE OF VISITORS,

September 8th, 1855,

AND TO THE COURT OF GENERAL SESSIONS,

October 1855.

MAIDSTONE :

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1855.



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STATISTICAL TABLES.

TABLE (1).

OF ALL THE

ADMISSIONS, DEATHS, AND DISCHARGES.

—	Admitted.		Died.		Recovered.		Relieved.		Not Improved.		Total Discharged.		Remaining.								
	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total						
From the opening on 1st Jan., 1833, to 4th July, 1854.	1104	1074	2178	405	298	703	346	307	653	29	57	86	74	102	176	854	764	1618	250	310	560
During the last year, ending July 5, 1855.	97	92	189	50	34	84	37	33	70	7	18	25	6	1	7	100	86	186	247	316	563
Total.....	1201	1166	2367	455	332	787	383	340	723	36	75	111	80	103	183	954	850	1804			

TABLE II.

Admissions of all Years and present Remainders.

Years.		All Annual Admissions.	July 1855 Remainders of all Annual Admissions, and their relative Proportions.		Discharges. Quotas of all Annual Admissions to Discharges of the last Year.					Aggregate remainder (1855) from Admis- sions down to any year
					Recovered.	Relieved.	Not Im- proved.	Dead.	Total.	
1	1833	126	Per cent. 21 being 16·6 after 22	Years. 22	....	....	...	2	2	21
2	1834	68	10 „ 14·7 „	21	....	....	1	1	2	31
3	1835	60	6 „ 10·0 „	20	....	....	...	...	...	37
4	1836	56	4 „ 7·1 „	19	....	....	...	...	...	41
5	1837	43	4 „ 9·3 „	18	....	....	...	1	1	45
6	1838	44	8 „ 18·1 „	17	....	....	...	1	1	53
7	1839	54	6 „ 11·1 „	16	....	....	...	1	1	59
8	1840	38	5 „ 13·1 „	15	....	....	...	2	2	64
9	1841	41	8 „ 19·5 „	14	....	....	...	...	...	72
10	1842	69	9 „ 13·0 „	13	....	....	...	4	4	81
11	1843	86	14 „ 16·2 „	12	....	....	...	...	...	95
12	1844	79	9 „ 11·4 „	11	....	1	...	2	3	104
13	1845	113	23 „ 20·3 „	10	....	....	..	...	...	127
14(half)	1846	41	9 „ 21·9 „	9½	....	2	...	1	3	136
14-15	1847	108	17 „ 15·7 „	9	....	....	...	1	1	153
15-16	1848	96	13 „ 13·5 „	8	....	....	...	1	1	166
16-17	1849	114	25 „ 21·5 „	7	....	....	...	1	1	191
17-18	1850	116	26 „ 22·4 „	6	....	2	...	1	3	217
18-19	1851	286	40 „ 14·0 „	5	1	1	...	5	7	257
19-20	1852	201	64 „ 31·8 „	4	....	6	...	11	17	321
20-21	1853	171	62 „ 36·2 „	3	3	3	2	8	16	383
21-22	1854	168	64 „ 38·0 „	2	23	6	2	17	48	447
22-23	1855	189	116 „ 61·3 „	1	43	4	2	24	73	563
TOTAL....		2367	563		70	25	7	84	186	

TABLE III.

General Statement, comparative as to the last two years.

	July, 1855.			July, 1854.		
	M.	F.	T.	M.	F.	T.
Remaining from the last year	"	"	"	250	310	560
Admitted, Pauper.....	92	92	184	}	82	86
„ Private	5	0	5			
Total under treatment	"	"	"	347	402	749
Deduct discharges and deaths	"	"	"	100	86	186
Remaining July 5	"	"	"	247	316	563
The number remaining consisted of :—						
Patients of contributing parishes.....	198	258	456	"	"	"
Ditto chargeable to the county	9	10	19	207	268	475
Ditto of Local jurisdictions in the County	"	"	"	28	43	71
Ditto of other Counties	"	"	"	4	1	5
Ditto private	"	"	"	8	4	12
Total.....				247	316	563
Average number daily resident.....	"	"	"	"	"	567.3
Highest number on any day.....	"	"	"	257	327	584
Lowest number on any day	"	"	"	244	307	551
Employed, fully or partly, from a day's work of six hours to any trifling useful assistance :—						
Highest number on any day.....	"	"	"	176	226	402
Lowest number on any day	"	"	"	175	179	354
Patients were discharged as under :—						
Recovered	36	29	65	}	37	33
Ditto after absence on trial	1	4	5			
Out on trial, not elapsed at date	"	"	"	"	"	"
Relieved	"	"	"	7	18	25
Not improved.....	"	"	"	6	1	7
Dead	"	"	"	50	34	84
Total				100	86	186
The Admissions comprised :—						
Cases of the first attack	"	"	"	68	58	126
Ditto, repeated ditto	"	"	"	29	34	63
Total admissions				97	92	189
Cases of re-admission into this Asylum	"	"	"	14	16	30

ADMISSIONS, 1854-5.

Males 97. Females 92. Total 189.

TABLE IV.

The Admissions comprised:—	1854-5.			1853-4.		
	M.	F.	Tot.	M.	F.	Tot.
Patients from contributing parishes	72	73	145	63	67	130
„ chargeable to the County account	3	0	3	4	0	4
„ from the local jurisdictions in Kent	17	19	36	8	19	27
„ from the County of Sussex.....	0	0	0	2	0	2
„ private	5	0	5	5	0	5
Total	97	92	189	82	86	168
Of these there were sent from Gaols	5	2	7			

TABLE V.

Ages of the Patients Admitted.

Periods of age.							Numbers.		
							Males	Fems	Total.
From 9 to 20 years of age ...	...	...	...	...	...	...	10	4	14
„ 20 to 30	„	...	...	...	...	...	18	25	43
„ 30 to 40	„	...	...	...	...	...	27	20	47
„ 40 to 50	„	...	...	...	...	...	23	16	39
„ 50 to 60	„	...	...	...	...	...	16	11	27
„ 60 to 70	„	...	...	...	...	...	2	13	15
„ 70 to 80	„	...	...	...	...	...	1	3	4
Total ...	...	...	...	...	...	...	97	92	189

TABLE VI.
Civil condition of the Patients admitted.

MARRIAGE.	Number Admitted.			Having Children.	Number of Children.	EDUCATION.						RELIGION.											
						From read and write to well educated.		Read only.		Neither read nor write.		Not ascertained.		Established Church.		Roman Catholic.		Dissenters.		Jew.		None, and not ascertained.	
	M.	F.	Total			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
Married	47	32	79	62	230	42	17	3	10	2	3	...	2	31	25	1	1	13	2	1	...	1	4
Widowed	5	16	21	15	64	2	10	2	3	1	3	...	...	5	13	...	...	...	3	...	...	...	...
Single (men)	45	...	45	...	...	28	...	4	...	8	...	5	...	35	...	2	...	1	...	...	...	7	...
” (women) .....	...	44	44	6	17	...	29	...	7	...	6	...	2	...	32	...	1	6	...	...	...	...	5
Total	97	92	189	83	311	72	56	9	20	11	12	5	4	71	70	3	2	14	11	1	0	8	9

TABLE VII.

Occupations of the Patients Admitted.

MEN.	WOMEN.
Labourers	Domestic Servants
Shipwrights, Carpenters, Sawyer, Bricklayer	Wives and Widows of Labourers
Furniture-broker, Miller.....	Wives and Widows of Mechanics
Mariners, Pilots (2), Watermen (2)	Wives of Seaman and Dredgerman
Enginewright, Wheelwrights, Blacksmiths	Wives of Rent-collector, and General Agent
Coachman, Groom, Ostler	Charwomen
Confectioner, Baker	Dressmakers, Needlewomen (6)
Hoop-shaver.....	Shoebinders, Glover
Shoemakers (7), Tailors	Farmer's Wife
Gardener	Out-door-workers
Warehouseman.....	Daughter of Master in the Navy.....
Postmaster, Schoolmaster, Musician.....	Shopkeepers' Wives
Leather-dyer, Painter, Basketmaker	Prostitute
Cabinet-maker, China & Glass-mender	Lodging-house Keeper.....
Soldiers	No occupation, not being capable of any.....
No occupation, not being capable of any	Not ascertained
Total	Total
97	92

TABLE VIII.

Forms of Mental Disorder in the Persons Admitted, with the prevalence of the Suicidal propensity and the Complications, respectively.

Forms of Mental disorder.	Number of Cases.			Prevalence of the Suicidal Propensity.						Complications of the Mental Disorder.						Instances of Former Attack.	
				Suicide Attempted.		Threatened or talked of		Propensity suspected.		General Paralysis.		Partial Paralysis.		Epilepsy.			
	M.	F.	Total	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
Acute Mania.....	30	38	68	2	3	...	3	1	1	...	...	...	...	14	20
Chronic ditto	4	16	20	...	...	...	5	...	...	...	...	...	...	1	4
Occasional do. with or without Dementia	6	5	11	1	2	...	...	...	...	...	...	...	6	2	1
Melancholia	25	20	45	8	8	3	3	4	...	...	...	...	1	8	7
Dementia	23	4	27	...	2	1	...	...	...	11	...	6	1	4	1
Mania with Imbecility (of old age or other) or with Idiocy.....	9	9	18	1	2	...	1	...	...	...	...	...	4	...	1
Total.....	97	92	189	12	17	4	12	5	1	11	0	6	1	29	34		

TABLE IX.

Duration of Insanity in the Cases admitted, in the different Forms respectively.

Forms of Disorder.	Number of Cases.			Duration of Insanity on Admission.												Instances of Former Admission.	
				Under 1 Month.		1 Month to 3 months.		3 Months to 6 months.		6 Months to 1 Year.		1 Year to 2 Years.		2 Years to 25 Years.				Not known.
	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Acute mania	30	38	68	16	26	4	8	3	3	2	1	1	...	...	...	9	12
Chronic ditto	4	16	20	...	...	...	...	...	...	...	1	2	5	10	...	...	1
Occasional ditto, with or without Dementia	6	5	11	3	2	...	...	...	1	...	...	2	...	1	2	...	...
Melancholia	25	20	45	7	6	7	5	1	5	5	2	1	...	2	1	4	3
Dementia	23	4	27	2	1	6	...	5	...	3	3	3	...	2	...	1	...
Mania with Imbecility (of old age or other) or Idiocy	9	9	18	...	...	2	...	...	1	...	...	...	...	5	5	...	...
Total	97	92	189	28	35	19	13	9	10	10	7	9	5	10	18	14	16

TABLE X. (A).---Causes, in the Cases Admitted in the Year.

REMOTE, or, PREDISPOSING CAUSES, acting in combination.																				
Immediate, or, Exciting Causes.	Number of Cases.		One Relative Insane.		More than 1 Relative Insane, Weak, or, Eccentric.		One former attack.		More than one former attack.		Family affliction. — Fright.		Prostitution — Former Intemperance.		Eccentricity. — Idiocy. — Bodily weakness.		Sun-stroke. — Paralysis. — Spasmodic group.		Distress in Business.	
	M.F.	T.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	E.	M.	F.	M.	F.
Intemperance, Dissolute conduct	5	8	1	...	1	...	1	1	2	1	1	...	...	1	...	...	...	...	1	...
Family affliction and discomfort	4	8	1	2	...	...	2	...	2	1	...	...	1	...	...	...	...	...	...	...
Jealousy, remorse, self-reproach	1	3	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Losses in business, loss, or, want of employment.....}	3	7	...	...	...	...	1	1	1	1	1	...	...	1	...	1	...	...	...	...
Fright, injury from falling	1	2	1	...	...	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...
Loss of relatives	3	5	1	...	1	...	1	1	...	...	...	...	...	...	...	1	...	...	...	...
Anxiety about employment ...	1	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Disappointment of affection and marriage, joy.....	0	4	...	1	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Amenorrhœa, gestation, parturition	0	3	...	2	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...
Pubescence	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Fever, Small-pox	3	4	1	1	...	...	1	1	...	...	...	...	...	...	...	...	1	...	...	...
Loss of property	0	2	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Epilepsy	5	8	1	2	...	...	1	...	1	...	1	...	...	1	...	1	2	...	...	...
Disappointment of money	0	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total.....	27	57	7	10	4	4	7	6	7	5	1	3	3	1	...	3	3	...	1	...

TABLE X. *continued.*

<i>Exciting Causes only, ascertained.</i>				<i>Predisposing Causes only, ascertained.</i>			
(B.)				(C.)			
	M.	F.	T.		M.	F.	T.
Loss of property, business ...	0	2	2	One relative insane	4	2	6
Parturition, lactation	0	3	3	Ditto, and injury to head	1	0	1
Domestic differences	0	1	1	Ditto, and one former attack	2	6	8
Fright, anxiety	4	1	5	Fever	1	0	1
Pecuniary liability.....	1	0	1	More than one relative in-			
Lengthened imprisonment...	1	0	1	sane	1	0	1
Loss of employment	2	0	2	Ditto, and previous eecen-			
Ill treatment from parents—				tricity, or, imbecility	1	2	3
husand	0	2	2	Ditto, and one former attack	1	1	2
Superannuation	1	0	1	One former attack	3	4	7
Reduction of circumstances .	1	5	6	Parents of weak mind, and			
Intemperance	5	1	6	guilty of incest	0	1	1
Epilepsy	4	2	6	More than one former attack	4	7	11
Injuries to head—fall	3	0	3	Ditto, and one relative in-			
Uterine disease	0	1	1	sane	2	3	5
Cerebal disease—fits	4	2	6	Injury from falling	1	0	1
Fever—smallpox	2	1	3	Former intemperance,.....	2	0	2
Decline of life	0	1	1	Previous mental weakness...	0	2	2
Illness, weakness, diarrhoea .	2	2	4				
Husband's illness, or death...	0	2	2				
Wife's drunkenness	1	0	1				
Total	31	26	57	Total	23	28	51

TABLE X. *continued.*

<i>Summary of ascertained Causes of all Kinds.</i>			
	M.	F.	T.
Exciting and predisposing combined [A.]	27	30	57
Exciting causes only, ascertained [B.]	31	26	57
Predisposing causes only, ascertained [C.]	23	28	51
Total ascertained causes	81	84	165
No cause whatever assigned in	16	8	24
Total admissions	97	92	189

RECOVERIES.

Number who recovered:—Men, 37; Women, 33; Total, 70.

TABLE XI.

Forms of Insanity and Duration on Admission in the Recoveries; distinguishing those which were also Admissions of the Year.

Forms of Insanity.	Recoveries of Admissions of the Year.			Recoveries of previous Admissions.			Total Recoveries.			Duration on Admission.										
	M.	F.	T.	M.	F.	T.	M.	F.	T.	Under 1 Month.		1 Month to 3 months.		3 Months to 6 months.		6 Months to 1 Year.		1 Year to 3 years.		Not known.
										M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Acute Mania ... being of the year's admissions and of previous Melancholia being of the year's admissions and of previous Dementia .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	13	14	27	...	...	...	10	9	19	...	10	11	...	1	1	1	...	...	1	...
	...	...	...	10	...	...	...	...	...	4	7	2	1	2	1	...	...	...	...	...

	10	5	15	...	...	...	...	...	...	4	2	1	2	...	1	2	...	1	...	...
	...	...	...	3	5	8	...	...	...	1	...	...	2	...	2	...	...	...	...	1
	1	...	1	...	...	...	1	...	1	...	...	1	...	...	...	...	...	...	...	...
Total	24	19	43	13	14	27	37	33	70	19	20	4	6	3	5	2	...	3	1	1

TABLE XII.

Forms of Insanity and Periods of Residence in the Recoveries, distinguishing the Periods in those Admitted in the Year.

Forms of Insanity.	Recoveries of Admissions of the Year.			Recoveries of previous Admissions.			Total Recoveries.			Periods of Residence.									
	M.	F.	T.	M.	F.	T.	M.	F.	T.	Under 3 months.		3 Months to 6 months.		6 Months to 9 months.		9 Months to 12 months.		1 Year to 4 years.	
										M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Acute Mania .....	...	...	...	...	...	...	23	23	46	...	...	...	...	...	...	...	...	...	...
being of the year's admissions	13	14	27	...	...	...	...	...	...	5	6	5	2	3	...	1	...	...	...
and of previous .....	...	...	...	10	9	19	...	...	...	2	4	4	2	1	1	2	1	...	2
Melancholia .....	...	...	...	...	...	...	13	10	23	...	...	...	...	...	...	...	...	...	...
being of the year's admissions	10	5	15	...	...	...	...	...	...	7	3	3	...	...	...	1	...	...	...
and of previous .....	...	...	...	3	5	8	...	...	...	1	...	3	...	...	...	...	2	...	...
Dementia	1	...	1	...	...	...	1	...	1	...	...	...	1	...	...	...	...	...	...
Total	24	19	43	13	14	27	37	33	70	15	13	15	5	6	1	4	3	...	2

DEATHS.

Number who died:— Men, 50; Women, 34; Total, 84.

TABLE XIII.

Ages at Death, distinguishing the deaths of persons admitted in the Year.

Decennial periods of Age.	Deaths of Admissions of the Year.			Deaths of previous Admissions.			Total Deaths.		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
From 9 to 20 Years	2	...	2	...	...	...	2	...	2
" 20 to 30 "	1	4	5	2	...	2	3	4	7
" 30 to 40 "	2	...	2	15	3	18	17	3	20
" 40 to 50 "	6	1	7	9	9	18	15	10	25
" 50 to 60 "	4	...	4	4	8	12	8	8	16
" 60 to 70 "	...	2	2	3	5	8	3	7	10
" 70 to 80 "	...	1	1	1	...	1	1	1	2
" 80 to 92 "	...	...	...	1	1	2	1	1	2
Total.....	15	8	23	35	26	61	50	34	84

TABLE XIV.

Forms of Insanity and Periods of Residence of those who Died.

Forms of Insanity.	Number who Died		Periods of Residence of those who died.																
			1 Day to 1 Month.		1 Month to 3 Months.		3 Months to 6 Months.		6 Months to 12 Months.		1 Year to 2 Years.		2 Years to 5 Years.		5 Years to 10 Years.		11, 12, 13, 15, 16, 17, 18, 21, 22, Years.		
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Acute Mania	2	3	5	1	1	1	1	1	...	...	...	...	...	...	...	...	...	...
Chronic ditto	5	9	14	...	...	...	1	1	1	1	...	...	1	5	1	1	1	1
Occasional ditto, with or without Dementia, or, Imbecility	5	3	8	1	...	...	1	1	1	...	...	...	...	2	1	2	...	...
Melancholia	4	1	5	2	...	...	...	...	1	...	...	...	1	...	...	1	...	...
Dementia	28	13	41	...	5	...	6	1	5	2	5	3	4	2	...	1	3	4	
Mania, with Imbecility of old age, or other.....	2	4	6	...	1	...	...	...	1	...	...	...	...	2	...	1	...	...
Imbecility and Idiocy	4	1	5	1	...	...	...	...	...	1	...	...	1	...	...	2	...	...
Total.....	50	34	84	5	2	5	2	8	4	8	4	6	3	7	11	2	3	9	5

TABLE XV.---Causes of the Deaths.

Immediate Causes.	Number of Deaths.			Remote Causes, acting in combination.																						
	M.	F.	T.	Phtisis, Laryngitis, Scrofulous abscess, Cancer of the Breast.		General Paralysis.		Acute Mania, Melancholia.		Epilepsy.		Partial Paralysis.		Idiocy, Atrophy, Constitutional decay and Mania.		Cerebral tumour, Apoplectic cyst, Softening chron; Meningitis.		Organic disease of the Brain, Heart, Liver, and Spleen.		Malformed Heart and Kidneys, Disease of the Heart.		Scirrhus disease of large intestine.		Hepatic and pulmonary disease. Gallstones		
				M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Apoplexy	8	1	9	..	..	1	..	..	..	..	..	4	..	..	..	..	2	..	..	..	..	..	..	..	..	..
Epilepsy	7	1	8	..	..	1	..	..	..	..	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..
General Paralysis.....	10	0	10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Partial	4	5	9	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Exhaustion	6	5	11	..	..	..	..	4	..	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pulmonary Consumption.....	7	11	18	1	1	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..
Do. Gangrene	1	0	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pneumonia and Pleurisy	2	1	3	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Chronic Bronchitis	0	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Disease of the Heart	0	2	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Chronic Hepatitis	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cholera and Diarrhoea	0	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteritis	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Suffocation	2	0	2	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
General Atrophy	1	0	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
General Dropsy.....	0	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Scrofulous abscess	1	0	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Total	50	34	84	1	4	5	..	5	3	4	1	8	1	3	2	3	1	1	..	1	1	1	..	..	2	..

TABLE XVI.
Per-centages of the Year, and comparison.

	1854-5	1853-4
	Per Cent.	Per Cent.
Of Admissions, on the number remaining at the end of the last year.....	33.75	30.82
„ Re-admissions, on the Admissions	15.87	10.72
„ Cases of repeated attack, on the Admissions	33.33	25.00
„ Discharges and Deaths, on the Admissions	98.41	91.07
„ Excess of Admissions of the Year (3 in number), on Discharges of the Year	1.59	8.93
„ Recoveries on the Admissions	37.03	39.10
„ ditto on the mean number daily resident	12.34	12.42
„ ditto on the whole number under treatment	9.34	9.25
„ Deaths on the Admissions	44.44	35.10
„ ditto on the mean number daily resident	14.81	11.10
„ ditto on the whole number under treatment	11.21	8.27

COUNTY OF KENT.

TABLE XVII.---Abstract of the Annual Returns (16 and 17 Vict., Cap. 97, Sec. 64) of Lunatics on January 1st, 1855.

NUMBERS RETURNED.										WHERE MAINTAINED.																	
UNIONS.	Total of each Union.			Chargeable.				In the County Asylum.				In licensed Houses, or other County Asylums.				In Union Houses.				In Lodgings.				With their Friends.			
				To the contributing Parishes.		To the local Jurisdictions.		From Local Jurisdictions.		From contributing Parishes.		From Local Jurisdictions.		From contributing Parishes.		From Local Jurisdictions.		From contributing Parishes.		From Local Jurisdictions.							
	M.	F.	T.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
Ashford, East	3	5	8	3	5	...	...	3	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ditto, West	5	8	13	5	8	...	...	4	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Aylesford, North	16	9	25	12	7	4	2	12	7	4	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Blean	6	11	17	6	9	...	2	3	6	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bridge	4	10	14	4	10	...	...	3	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bromley	14	9	23	14	9	...	...	7	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cranbrook.....	18	18	36	18	18	...	...	9	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dartford	13	24	37	13	24	...	...	10	24	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dover	14	26	40	7	5	7	21	2	4	2	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Eastry	18	27	45	15	12	3	15	4	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ellham	9	11	20	5	8	4	3	3	4	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Faversham	10	17	27	10	17	...	...	4	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Gravesend and Milton	9	20	29	...	...	9	20	...	...	4	15	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Greenwich	58	91	149	58	91	...	...	35	68	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hollingbourne	12	16	28	12	16	...	...	8	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hoo	3	1	4	3	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lewisham.....	17	14	31	17	14	...	...	11	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Maidstone.....	24	33	57	9	13	15	20	5	6	10	12	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Malling.....	12	11	23	12	11	...	...	10	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Medway	27	40	67	19	28	8	12	6	12	3	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Milton	4	7	11	4	7	...	...	4	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Romney Marsh	2	4	6	...	1	2	3	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sevenoaks.....	23	39	62	23	39	...	...	14	23	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sheppey	17	8	25	16	7	1	1	11	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tenterden.....	10	13	23	9	8	1	5	5	3	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Thanet*	21	13	34	7	2	14	11	4	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tunbridge	17	17	34	17	17	...	...	11	12	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total	386	502	888	318	387	68	115	189	245	23	51	2	12	15	25	93	80	20	29	...	5	1	...	34	45	4	10
Total on Jan. 1, 1854	422	464	886	345	361	77	103	200	214	29	45	1	13	19	22	105	84	23	28	2	5	2	...	37	45	4	8
Increase	38	26	...	12	...	31	...	6	1	3	1	2	
Decrease	36	27	...	9	...	11	...	1	1	4	...	12	4	3	...	2	...	1	...	3	
Net increase				2				25				Decrease.				Decrease.				Decrease.				Decrease.			

* No return for 1855; the numbers are those of 1854.

REMARKS ON THE TABLES.

TABLE 2.—Of the 186 discharges and deaths in the year, 154 occurred amongst 429 persons admitted in, and remaining from the admissions of the last four years. This is a rate of disposal of 36 per cent. annually, and these 154 constitute over four-fifths of the entire number discharged. The remaining 32 discharges occurred in 320 cases still in the Asylum a year ago, and being the residue, at that time, of all patients received prior to the four years. The 32 are, therefore, a tenth part of that residue; but they are little more than one-sixth part of the whole discharges. The uniform rate of disposal in all discharges compared with all cases under treatment (viz. 186 in 749), is rather less than 25 per cent., or, one-fourth part. That portion of the discharges which consists of deaths, when divided and compared in the like relation to residents admitted before and after the last four years, gives a yearly mortality of $7\frac{1}{2}$ per cent. in cases admitted prior, and of 14 per cent. in cases received subsequently to and within that period; $11\frac{1}{4}$ per cent., being the uniform mortality in all cases under treatment.

Of the recoveries as another element in the discharges, it is only needful to state that but one of them resulted in a case brought under care more than four years ago. In this year, of every 100 persons discharged, 37 were recovered, 13 relieved, 4 were not improved, and 45 died.

Several things are apparent from the above. First, that the few early years of the existence of Insanity are years of great change; they are the period of terminations either in death or recovery. When they have been passed through, such cases as survive and have not become cured enter upon a new prospect of life, ceasing to contribute from their thinned ranks to the general mortality at more than half the former rate. Second, what is true of death is still more obvious of recovery; for, whilst 24 residents of 4 years

and upwards died in the year, one such resident alone recovered. On the other hand, 60 died and 69 recovered who had resided less than four years ; in fact, these 69 had all resided less than three, and 66 of them less than two years. When it is remembered of Insanity in general, that it is a disease tending, when left to itself, to the reverse of spontaneous cure, these strong facts will be found to confirm the general belief in the usefulness of placing insane persons early under treatment, by marking the close, inverse dependence of cure, in curable cases, on the age of the disease.

TABLE 3.—Only the slight increase of three persons is observable in the number of patients remaining at the close of the year : 563 on the last 5th of July, 560 the July before. Yet the patients under treatment, and the mean daily residents have both been more numerous by 36 than in the previous twelvemonth. The number of admissions has been greater by one-tenth, but the discharges and deaths have been upwards of a fifth greater ; whence, the conclusion of the year finds a standing establishment hardly increased ; because, whilst in the departments both of admission and discharge there has been an increased activity, the movement has prevailed more largely in the latter than in the former. The share which an unusual number of deaths has had in this result, will be alluded to and explained hereafter, in the proper place.

As to the composition of the body of patients left ; first, there is no great variation in the proportion of each sex, that which exists still favoring increase in the number of women. Secondly, we maintain a considerably larger proportion of our proper inmates, viz. : patients chargeable to parishes contributing to county rates ; about the same number as before of Borough patients, and fewer both of out-county, and private patients. The daily variation has sunk 16 below, and risen 17 above the average—an entire range of 33 ; and, at one period, the presence of 327 women was found to be a rather inconvenient demand on a nominal accommodation for 351 of that sex. Empty beds in a Lunatic Asylum are not always available for more patients ; they are so, only, when the mass of cases may admit of a subdivision tolerably consistent with the arrangement of the house.

In this year, the admissions of cases not of the first attack of Insanity, have been just half as many again as in the preceding twelvemonth, whilst cases of the first attack have numbered the same. I have sought to improve this table (3) and some others (4 and 16) by introducing the corresponding particulars of the previous year, in parallel columns, to facilitate comparison.

TABLES 4 to 10. Admissions.—The admissions differ little from those of the previous year, in the extent to which the various sources have contributed to them. The variations consist of 15 more patients from parishes possessing the right to send, 9 more from the local jurisdictions. On the other hand, no patient was admitted from Sussex, or, any other out-county (the privilege having been withdrawn), one less at the charge of the County of Kent, and the receptions of male private patients (that of female, having been discontinued) just equalled those of the previous year. The balance, which amounts to 21 patients more from parishes and boroughs in the County, shows a growing limitation of the Asylum to the use of those for whom it is primarily intended.

The ages of patients, their conjugal state, occupations, education and religious persuasions ; their mental disorders and some important incidentals are shown in tables 5, 6, 7 & 8.

The disposition to self-destruction continues to be a prevalent sign, 51 (21 men and 30 women) having, more or less positively, displayed its existence. Thirty-eight, (men 31, women 7) were suffering, in addition to their insanity of mind, the bodily complications of paralysis, or, epilepsy. The usual large preponderance in these affections is seen in males. The cases of persons suffering repeated attacks of Insanity were 63 in number, just one-half more than in the previous year and forming exactly one-third of the 189 admissions. The number of cases received which might from the first be pronounced incurable, was about 100 ; 45 (men 32, women 13) of them presenting well marked decay of mind, idiocy, or natural imperfection in a greater, or, less degree, The duration of the Insanity at the time of admission, having been enquired into with care in every case, is shown in the 9th Table. In precisely a third of the cases, the disease had existed less than one month ; in almost half, less than three months. In 42 (2-9ths) it had existed more than a year. These last include but one acute, or, presumably curable case, but comprise nearly all the instances of transfer from other Asylums ; also the Idiotic and imbecile persons in whom the occurrence of fresh and more active symptoms had rendered removal to an Asylum necessary. I think, therefore, an examination of this Table indicates, that parish officers have promptly discharged the duty imposed on them by the Lunatic Act, of carrying into effect the very clear intention of the law to have insane persons generally, placed under proper care and treatment without delay. The causes are set forth in the 10th Table, after having been ascertained with as much accuracy as was practicable. To get at the real cause if it be single, or, at the combination of influences operating jointly,

as so often happens, is not always easy. Absurd statements are sometimes made under this head, *that* being set down as the cause which is, in fact, a part of the disorder. The useful practice which commonly prevails, of allowing the patient to be accompanied on the journey to the Asylum by a near relative, is very much to be commended, from the way in which it affords us an opportunity of arriving at the real history of the case. Deducting 24 instances in which the enquiry as to cause was fruitless altogether, in one third of the admissions both a near and a remote cause were ascertained, in every case; in a third more, an exciting cause, only; and in the remaining third, a predisposing cause only, was discoverable.

The 11th and 12th Tables represent, in groups, the forms of Insanity which, in their several instances, ended in recovery; the periods of their duration on admission; and the length of residence in the Asylum under treatment. Nearly two-thirds of those who recovered had entered the Institution within the year now reviewed; and as the residence in 5 cases, only, had been prolonged beyond twelvemonths, it follows that the great majority of 55 out of the 70 recoveries, must have been both admitted and cured within the space of a year. For a large proportion of the cases ending in recovery, very much less time than a year of treatment sufficed; 21 having resided less than 3, 49 less than 6 months; 60 less than 9 months; 65 less and 5 more than a year. In all cases these periods have embraced a customary prolongation of residence after apparent recovery: a probation always considerable and sometimes extended to several months, which it has seemed advantageous, as well for the patient as for his family and the public, to observe. The duration of the disorder on admission in these recoveries, had been for the most part brief:—39, 10, 8, 2 are the instances of recovery where the duration prior to admission had been less than 1, 3, 6, 12 months respectively; a striking inverse ratio.

DEATHS. Tables 13, 14 and 15. An unusually high mortality has affected our inmates; but one which was independent of general sickness and which, therefore, does not indicate a falling off from the usual standard of good general health. Out of doors, increased deaths are always surrounded by increased general sickness. This need not be the case in a Lunatic Asylum, and, in our experience of the past year, has not been the case. Deaths in a Lunatic Asylum must depend much on the sort of cases brought in, as they do in a General Hospital. Excepting two cases of Cholera, there has been no death from an epidemic disease; indeed there has been no epidemic sickness. The large number of deaths from pulmon

ary diseases (24); 18 of them having been from consumption of the lungs alone, whilst in two more that disease existed in an advanced stage, although it was not the immediate cause of death—from Paralysis, Apoplexy and Epilepsy (41); from cerebral exhaustion independent of Epilepsy (8); together with 9 more from various organic diseases of chronic character, satisfactorily account for the frequency of death. At the same time, these deaths suggest the reflection that the removal of so many persons in the only way that could terminate conditions of mind and body, of either hopeless derangement, or, deplorable suffering, is certainly not a circumstance which ought to be looked upon with regret,

Fourteen who died were aged persons of from 60 to 92 years; the like number were old residents, having lived in the Asylum from 10 to 22 years. But the chief mortality has affected an earlier period of life. At from 30 to 40 years of age, 45 died—more than half—for, as so many deaths were occasioned by Consumption, Paralysis, Epilepsy—diseases either affecting the young chiefly, or, of a nature suddenly fatal, or, if fatal within a comparatively long period, still a limited one—the mortality prevailing in middle life is appropriate to the nature of the principal causes of death. A less proportion than usual occurred in persons received in the year. These are a little more than a quarter of the whole; the year before they amounted to nearly half. Thirty-eight who died (nearly half) had resided less than a year; 32 from 1 to 10 years, and 14 from 10 to 22 years. Seven died within one month, 7 more within 3 months, 12 did, and 12 did not survive 6 months; in all, 38 dying within a year after their reception. An experienced glance at the principal forms of disorder of mind in the patients deceased, will make it appear, at once, that, to the extent of about three-fourths of the cases, the Insanity was not curable, not to speak of a further proportion which, upon closer examination, would be found to have been beyond relief; and, therefore, this high mortality will not rob from the recoveries of any future year.

TABLE 16 shows the usual results in hundredths, and compares them for the two last years. The admissions of 1854-5 equalled a third part of the number under care at the beginning of that year; and of those admissions, nearly a sixth part had been admitted one, or, more times previously. Our admissions have exceeded our discharges and deaths by only $1\frac{1}{2}$ per cent. So near a balancing is usual neither here nor elsewhere; were it otherwise, the general and recurring necessity for the enlargement of public Asylums for the Insane, would be greatly abated. The recoveries (37 per cent.) are 2 per cent. less on the admissions, but about the same on the

entire number treated, and on the mean number resident as in the previous year. The deaths are almost 15 per cent. on the mean daily population, but on the whole number of patients treated they give nearly $11\frac{1}{4}$ per cent.

TABLE 17 and last. Return of Pauper Lunacy in the County.—The rapid increase of pauper Lunatics which the annual returns had exhibited for the two previous years, would seem to have been arrested; since the number of chargeable Lunatics on January 1st, 1855, is larger by 2 only, than on the first day of 1854. Below are the gross numbers for seven years :—

Returned 1st Jan., 1849	..	628.				
„	„	1850	..	647, increase	19=	3·02 per cent.
„	„	1851	..	659,	„	12= 1·85 „
„	„	1852	.	680,	„	21= 3·18 „
„	„	1853	..	735,	„	55= 8·08 „
„	„	1854	..	886,	„	151=20·05 „
„	„	1855	..	888,	„	2= 0·22 „

Instead, therefore, of the surprising increase of 20 per cent last year, we have now the pleasure to find (granting the accuracy of the returns) the number of Lunatics relatively decreased; for the actual increase of $\frac{1}{4}$ per cent will, probably, be less than the increase of population. But the continuance of such diminution will hardly be anticipated. After a year of extraordinary increase like the last but one, the occurrence of a year devoid of progress, or, showing decrease, would merely agree with what happens after any great epidemic mortality, viz: a reduction of the rate of deaths below the average. In the whole number of patients returned, the decrease (36) in men, is almost balanced by the increase (38) in women. All the columns in this Table showing where the various patients are maintained, may be considered to exhibit a satisfactory change. Twenty-five more are in the County Asylum, and in all the other places of maintenance the numbers are reduced.

It appears that between January 1st. 1849, and January 1st. 1855—six years—the number of chargeable Lunatics has increased from 628 to 888, being an addition of 260, or, an average of about 44 per annum. Concurrently, the daily average of patients accommodated in the Asylum each year, has risen from 370 to 531; being an increase of 161, or, an average annual addition of 27. Now 27 of supply to 44 of demand, gives a ratio of new accommodation afforded, greater than that which the whole number maintained in

the Asylum on the 1st January bore to the whole number returned as insane. The proportion is rather more than as 21 to 20, and shows not only a sufficiency of the Asylum, during those years, for the wants of the county, after the rate of the existing demand upon it, but an increasing use of the Establishment. According to the proportion in which the chargeable insane are placed in the County Asylum, not only has the additional space provided and occupied, in a series of years, equalled the want but, also, sufficed to promote a slight increase in that proportion.

RETURN OF ACCIDENTS AND OCCURRENCES FOR THE YEAR.

No.	Date.	
1	July 8	Summer entertainment to patients, in the meadow.
2	,, 20	J. G., walked off the premises whilst at work; soon retaken.
3	Aug. 12	M. H., female, died of cholera.
4	,, 15	M. C., female, ditto.
5	,, 25	E. B., female, got a bone of one little finger broken, in a struggle with another patient.
6	Sep. 3	W. L., male, escaped on returning from chapel; retaken.
7	, 24	W. C., male, an Idiot child, died after admission on the previous day.
8	,, 27	M. Mc C., female, escaped whilst out walking for pleasure. She was retaken next day.
9	Oct. 4	C. M., female, fell accidentally and fractured a thigh-bone.
10	Nov. 27	E. G., female, escaped. She was quickly brought back.
11	Dec. 2	F. C., female, bedridden and crippled from rheumatism, was found to have a broken arm.
12	,, 3	I. R., male, partial dislocation of humerus, occasioned in a struggle with another patient. The same limb had suffered previous dislocations, on slight exertion.
13	Jan. 7	I. B., male, accidentally slipped off a seat and broke his thigh.
14	,, 7	A. S., male, escaped by getting over a wall; quickly retaken.
15	,, 14	W. E., male, escaped on leaving chapel; immediately retaken.
16	,, 19	Winter entertainment to the patients.
17	,, 24	M. J., female, confined of a boy.
18	,, 27	A. M., female, escaped from the scullery; retaken in a few hours.
19	Feb. 6	R. N., male, dislocated humerus by falling in a fit.
20	,, 7	E. B., female, prematurely delivered of a child still-born.
21	,, 22	R. D., male, (criminal) escaped from tailor's shop; retaken the same evening.
22	,, 25	H. P., male, escaped on going to chapel; immediately retaken.
23	Mar. 21	W. V., male attendant, suffered a succession of severe epileptic fits.
24	Apr. 10	A. S., female, died suddenly from disease of the heart.
25	,, 16	J. A., male, an epileptic lad, found dead in bed. Inquest.
26	,, 29	J. B., male, castrated himself.
27	May 17	G. H., male, an epileptic, found dead in bed. Inquest.
28	June 9	J. S., male, escaped over airing-ground-wall; immediately brought back.
29	,, 10	G. J., male, escaped on returning from chapel; immediately brought back.

1854—5.

STATE OF THE PATIENTS.—MANAGEMENT OF THE
ASYLUM.

The health of the patients at large has been quite as good as formerly, and they have not suffered from the attack of any general disorder. Two cases of well-marked Cholera—both fatal in a few hours—occurred in August; nevertheless, I cannot on their account consider that we have been visited by an Epidemic, for they stood alone, and were unaccompanied by other instances of similar illness. On the 11th of August, a female patient of many years' residence, was seized, in the afternoon, whilst at work in the laundry, and when I saw her, shortly after, she was already livid and collapsed. She had enjoyed her usual health up to the time of attack; she was one of the regular workers, and had been fully employed all the morning. In this case there was no purging, but all the other symptoms and appearances of Cholera were well characterized. Her death occurred in little more than twenty-four hours. In the second case, on August 14th., the patient was suddenly attacked whilst in the airing-ground. The character of the disease resembled that in the first case, with the addition of the purging, and the patient died in fifteen hours. She had had her usual health up to the period of attack. She had been free from particular bodily ailment, but had grown somewhat enfeebled under long-continued mental excitement, and was demented. No other case occurred. The first patient had been fifteen years in the Asylum, the second had been insane during thirty-four years.

If it be a reasonable thing to suppose that the specific malaria of Cholera may float over districts, entering only into persons it may find weak and attractive, and passing, harmlessly, over those in better health and able to resist; then, the way in which these two individuals were selected for attack, one being in the laundry amongst

many others, the other in an airing ground with, perhaps, a hundred more, becomes intelligible. I believe the disease had ceased in the neighbouring town for some time. In respect of food, clothing, housing, these patients had been very well placed; their whole sanitary condition was unexceptionable, and unless it may be supposed that a sort of cloud, dealing disease, passed over them and their associates, touching many, but finding only those two fitted to receive and retain its impressions, there appears no satisfactory explanation of a mode of attack both so sudden and partial.

In the other general respects, the inmates of the Asylum have lived as heretofore. Many being regularly and usefully, many slightly employed; and many more incapable of useful active exertion. The last has been due, either to too great distraction of mind, or, to reduced powers affording no more vitality than might suffice to keep such persons living from day to day, and sometimes need husbanding even for that.

As a general observation, during the curable, or, treatable stage in most mental disorders, any avoidable demand upon the patient's strength is contraindicated, as being inconsistent with the plan of treatment most commonly successful. When, however, a certain progress has been made with the help of medical treatment, work, or occupation adapted to strength, becomes a valuable auxiliary. In these cases, any attempt to employ the patient before the fitting time has arrived fails, if it do not act prejudicially and retard improvement. Convalescence having set in, the inclination of the patient is found to coincide with the adviser's recommendation of employment, which is then found beneficial. In many instances, the state of inclination of the patients themselves towards work, has a near relation to their real ability to pursue and profit by it. To all effectual work energy is necessary, whilst no class of diseased persons suffer more from depression and real weakness than the insane.

Assuredly, the more we learn of the right professional treatment of Insanity—whether moral or by drugs—the less we shall hear of work as the one thing needful in an Asylum; and Asylums will approach to their high and desirable character of Hospitals, in proportion to the advance of that professional knowledge. Many years since, whipping or beating was deemed the right treatment for Insanity; then, when the abandonment of restraining necessitated the disuse of every harsh controlling agent, work was to be the panacea; but work, indiscriminately required, would be, in many cases, a species of coercion hardly less appropriate than what was employed in the infliction of blows and stripes.

Happily, it is now pretty generally recognised that there is a very definable limit to the general rule under which work ought to be required, and may be obtained from the Insane. The chief workers are what are called the Chronic cases, and so far as these may be able-bodied and free from temporary illness, they are always employed. Above them is the class amenable to treatment, with whom the application to work must be regulated like the adaptation of medicine. These may, commonly, be employed ; but their working is fitful, and as a body, they produce or perform little that is profitable either to the Asylum or to themselves. Below, is a class composed of that large portion of the Chronic cases which, in the course of time, have become so far demented as to have their capacity for any useful purpose greatly impaired, or wholly taken away ; the feeble from paralysis and age ; the Idiotic and Imbecile ; the Epileptic, whose minds have been rendered blank by the repetition of the fits ; all which, as a whole, are more in need of help from others than able themselves to render assistance.

Our amusements have proceeded in the usual manner. There is a sufficient supply of desirable books ; chiefly works on natural history, voyages and travels, arts and manufactures, published under the careful sanction of the Society for Promoting Christian Knowledge. To these are added various lighter works of entertainment, and from two to four copies of several periodical publications and newspapers. Although there is not a great demand for books, as was not to be expected amongst the poor of an agricultural county, there is a very fair resort to the Library. Various games are in use, and two yearly entertainments of the patients, whereat the sexes associate, are established, and have been held this year with quite the usual enjoyment and freedom from untoward event. The deaths have been numerous, of which an explanation is given in the note on the Table of Causes of Death. Three were sudden ; two of them happening to Epileptics, who were suffocated in the night time, in consequence of turning on their faces in the convulsion and insensibility of the fit, and who were found dead in bed in the morning. In one of these, the apprehension of this accident had dictated the practice of hourly visiting by the night watch and other precautions during many months. There appeared no reason to suppose this duty had not been faithfully performed throughout the night of the accident.

In 70 instances, the examination of the body, *post mortem*, was made. Several patients met with injuries producing fracture, or, dislocation of bones ; and it is satisfactory to be able to add that these injuries were all, either wholly accidental, as from falling, or,

the results of quarrelling and struggling between the patients themselves. None of them were of a fatal, or, dangerous character. One male patient performed upon himself, roughly, the operation of castration, with no better instruments than his fingers and a small piece of a lath; no bad consequence ensued. Parturition occurred twice; in one female at the full period of gestation, and the child, a fine boy, was reared and nursed for four months in the Asylum. In the other case, the birth was premature, and the child born dead. The poor woman had been received in an acutely maniacal and much exhausted condition; four days after, pending the continuance of a state of raving, she gave birth to a dead child. The event was unexpected, and the fact of the pregnancy not known. This additional effort and cause of exhaustion had a prejudicial effect, and on the fourth day after the birth the mother died. It is singular that, amongst a variety of false ideas attributable to her disordered mind, it was reported as a delusion, that the patient believed herself to be near child birth!

ABSENCE OF RESTRAINING.—It is with no little satisfaction that I find myself able to report the fact of there having been no instance of mechanical restraining throughout the year. This variation in practice is not due to any change of opinion, but, simply, to the non-occurrence of a case, or, of a condition in which I believe restraining to be necessary. We have not, even, been called upon to apply restraint for a surgical purpose.

Whilst believing this circumstance to have been entirely fortuitous, I allude to it with not the less pleasure. The practice of applying restraint, of any kind, and under any circumstance, is one of those things contrary to feeling, in the doing of which inclination must give place to duty, or, what is the same thing, to the real exigencies of any case requiring a deviation from the common course in order to adapt the treatment.

SUFFICIENCY OF THE ASYLUM FOR THE WANTS OF THE COUNTY.—Early in the present year, a circular letter was received from the Commissioners in Lunacy, making enquiries under the above-named head. The statement which is subjoined was made in reply. The facts which it contains will probably possess an interest for the Magistracy at large, and afford satisfaction at the evidence of an important institution having been progressively made equal to the increasing demands for its accommodation.

*Kent Lunatic Asylum, June, 1855.**Report on Sufficiency of Accommodation, in reply to a circular letter from the Commissioners in Lunacy, dated January 25th, 1855.*

1. As to the Asylum being over-crowded or full.

The Kent Asylum has not been over-crowded ; no part thereof having been made to receive a greater number of patients than the area was provided for. On the female side, the Asylum has been full ; not, however, to the occupation of every bed, but in the sense in which an Asylum may always be said to be full, *i.e.*, when the number of vacant beds is the least, or, less than the convenient number for a proper classification of the patients. On the male side, the Asylum has not been full within about 40 places.

For at least six years, no patient has been refused admission for want of room ; not one since the completion of those extensions, begun in 1846, and finally brought to a close in 1850, and which embraced in the whole such additions (about 300 beds) as have made the establishment really adequate to the wants of the County.

2. As to the removal of Chronic, to make room for recent cases.

From the above statement it will appear that no pressure is being felt so as to make the removal of "Harmless Chronic cases, to be taken care of elsewhere," an object of present importance. As, however, the time may come when such an alternative will be of public utility, it is right to mention that there are, doubtless, many cases of this sort that might be removed, under due regulations, and supposing the term "elsewhere" to be defined. The number of these would entirely depend on what that term might mean. Many might be safely removed, provided they were to be surrounded, in their new abode, by a certain watchfulness, and by an attention to their bodily wants and comforts equal to their requirements as

persons still in a state of disease. In this view, neither *their* well-being, nor that of the public would be endangered by their removal.

3. As to sufficiency of Asylum for wants of County.

The whole accommodation now amounts, and for the last five years has amounted to 646 beds; of which 295 are for men, and 351 for women. The present number of patients (June 3rd) is 252 men, 312 women; 564 in all. There are vacancies, therefore, for 43 men, and 39 women; but as 43 men, and 49 women, total 92, have been admitted, and are now maintained at the charge of parishes, or, places which have not contributed to the County-rate, or, as private patients, by their friends; and as the great majority of these are liable to removal after three days', the rest after six months' notice, when [required, there exists an accomodation, present and available, of no less than 86 for men, 88 for women, total 174 vacancies in all, at the service of the contributing parishes. These must be deemed, not only a present sufficiency, but an ample reserve, also, for many years to come.

4. As to best mode of providing for Chronic Lunatics not requiring to be in an Asylum.

This is an important consideration. It appears to me that, if a ward, or, wards of a Workhouse, with proper airing-ground attached, were entirely separated and made not accessible to the pauper inmates at large, there are many insane persons now in this Asylum who might, with propriety, be transferred thereto; and that, to them might be added, as often as circumstances required, harmless imbecile, or, insane persons who had not been confined in Asylums. I do not trouble myself with the legal questions of, what existing authority could detain persons in workhouses; could commit lunatics thereto, with a view to their detention; or, could discharge therefrom, lunatics placed there on the supposition of their being incurable, but who, nevertheless, might have attained to a spontaneous recovery after many years.

This Workhouse accomodation should afford the means of sleeping a small proportion of the cases (say a tenth, or, an eighth part of them) singly; because persons imbecile from age, and others, although harmless and giving no trouble in their management, are apt to be noisy at night, and could not be permitted to disturb dormitories of several beds. There should be twofold day-room accommodation, so as to permit of one division of the cases; particularly to ensure the exemption of the aged and feeble, from the injuries and other oppressions which would be sure to be practised

upon them by young and strong Idiots and Imbeciles, if the cases were indiscriminately intermixed. The attachment of a medical officer to a Workhouse would provide for the small amount of medical attendance such cases require; but his authority should be general as well as professional. A few active nurses would do the rest. These nurses should, by no means, be pauper inmates, but young persons, properly selected and paid, governed by a few written rules, and liable to dismissal for misconduct. If such an arrangement were effected, a means of ensuring the kind treatment of the patients, the observance of the regulations, and the detection of abuses, might be found, if a neighbouring Justice, or, Guardian should accept the duty of visiting and inspecting, hearing and investigating, after the manner of an Asylum Visitor.

The Dietary of these Workhouse patients should be good; equal to that of an Asylum, and by no means uniform with the ordinary workhouse fare. The insane, whether chronic, or not, require nourishing food, and their condition would unquestionably degenerate with an insufficient alimentation; their tranquility would often be changed for a state requiring their return to the Asylum.

In short, this view of the necessary treatment of the chronic and harmless Lunatic, in a place other than the public Asylum, amounts to a suggestion to establish in Workhouses a distinct department, regulated exactly like an Asylum, and in a manner wholly different from the Workhouse at large. On any other understanding, I must decline recommending the transfer, as not good for the patient, or, for the public; since what are harmless cases in a properly regulated Asylum, would often become the reverse under a mode of treatment not specially adapted to them. Granting these little refuges to be so many offsets having a strong family resemblance to the parent Asylum, the plan might work, without prejudice to the patients themselves. In this way, however, it is a question whether the rate-payer would find his burden relieved; for the effect of withdrawing any considerable number of the less expensive cases from the Asylum—those who destroy neither furniture nor clothing, who cost the least for medical treatment and extra diet—of course would be to raise the average cost of the opposite class retained in the Asylum; so that what a parish saved at home, might have to be expended on the Asylum.

In one other respect, however, viz., the avoidance of the cost of a progressive enlargement of the County Asylum, until its extent might be incompatible with good management, public money

might possibly be saved, and the efficiency of the Institution maintained. Of Asylums as a class it may be said that their tendency is to become over-grown.

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SUPERINTENDENT.

September 4th, 1855.